

PUPPY SOCIALIZATION HEALTH FORM

For the protection of your puppy and others, this form must be presented along with application for attending the puppy socialization class.

Owner's Name: _____ Phone _____

Address: _____

Puppy's Name: _____ Breed _____

Date of Birth: _____ Sex _____

My veterinary stamp or signature indicates that I am reasonably comfortable with this puppy's health and he (she) has received a minimum of their first series of vaccines for protection against infectious diseases.

Signature or Stamp of Veterinarian Date

CANINE ACADEMY
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